

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,306.00 for dates of service 09/14/01, 11/23/01, and 01/11/02.
- b. The request was received on 07/03/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/20/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/21/02. The 3 day response from the insurance carrier was received in the Division on 07/11/02. There was no 14 day response submitted.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Did not submit a letter requesting Medical Dispute Resolution.
2. Respondent: Did not submit a response to the Medical Dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 09/14/01, 11/23/01, and 01/11/02.
2. The denial codes listed on the EOBs are, "O-DENIAL AFTER RECONSIDERATION FINAL ACTION TAKEN ON 05/10/02. O-THIS BILL WAS PREVIOUSLY RECOMMENDED FOR PAYMENT ON 12/28/01: RECOMMENDATION OF \$200 WITH DISCOUNT TAKEN THROUGH PPE #2 WAS PAID @ \$100.00 PER HOUR. T-TREATMENT GUIDELINES. N-3RD PPE. NO INTERVENING PROGRAM DOCUMENTATION TO WARRANT ANOTHER PPE-SAME RESULTS AS 12/12/01. RECOMMENDATION NOT MADE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/14/01	95900	\$768.00	\$0.00	T	\$64.00 (per nerve)	STG 134.1001 (f)(3)(B)	According to the referenced rule, "Recommended diagnostics at six weeks to four months includes the diagnostic interventions listed in (2)(D)-(L) of this subsection." Medical documentation does not indicate the reason for a nerve conduction test 3 days after the injury. Therefore, reimbursement is not recommended.
11/23/01 01/11/02	97750	\$344.00 \$344.00	\$150.00 \$0.00	N,C F	\$43.00 (each 15 minutes)	CPT descriptor	There was no evidence of a contract found in the case file. The carrier indicates it on the EOB, but did not provide evidence of the contract. Therefore, the denial of "F" and "N" will be addressed. According to the CPT descriptor 97750, PPE is a "Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes..." Medical documentation does not indicate the actual time of the PPE on the date of service 11/23/01 and therefore does not comply with the descriptor mentioned above. Additional reimbursement is not recommended for DOS 11/23/01. For date of service 01/11/02, there is no medical documentation found in the case file to support the services rendered as billed. Therefore, reimbursement is not recommended.
Totals		\$1,456.00	\$150.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 4th day of December 2002.

Michael Bucklin
 Medical Dispute Resolution Officer
 Medical Review Division
 MB/mb